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ABSTRACT

"Utilization of Skills in the Application of the Management Process" (NS 239) is an associate degree nursing course offered at Chattanooga State Technical Community College to prepare students to assume the role of planner and coordinator of patient care. The course focuses on competencies related to the care of patients with deviations of the immune response, cellular growth, hematology, urinary, reproductive, and integumentary subsystems. The course syllabus for NS 239 begins with information on class, laboratory, and credit hours; prerequisites; textbooks; week-by-week course content; course competencies; evaluation criteria; and curriculum coding. The bulk of the syllabus presents competencies, assignments, and questions keyed to the textbook for each of the eight course units. The units focus on: (1) care of the patient with deviations of the urinary subsystem; (2) care of the patient with deviations of the reproductive subsystem; (3) care of the patient with deviations of the immune system; (4) care of the patient with deviations of cellular growth; (5) care of the patient experiencing loss; (6) care of the patient with deviations of the integumentary subsystem; (7) care of the patient with deviation of the blood and blood forming organs; and (8) nursing care in emergencies and disasters. Finally, clinical objectives for each unit are presented. (LAL)

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UTILIZATION OF SKILLS IN THE APPLICATION OF THE MANAGEMENT PROCESS (NS 239): COMPETENCY-BASED COURSE SYLLABUS

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COURSE SYLLABUS

UTILIZATION OF SKILLS IN THE APPLICATION OF THE MANAGEMENT PROCESS

NS 239

Class Hours: 4 Credit Hours: 9
Laboratory Hours: 15

Catalog Course Description:

This final course in the Associate Degree Nursing curriculum further prepares the student to assume the role of planner and coordinator of patient care. The student applies knowledge of the management process from NS 222 in the coordinaton and management of nursing care of groups of patients with common, well-defined health deviations in the secondary care setting. New competencies are acquired related to the care of patients with deviations of the immune response, cellular growth, hematology, and the urinary, reproductive, and integumentary subsystems. Introduction of concepts related to the experience of loss enables the student to facilitate the grieving process. The transition from the role of nursing student to the role of member within the profession of nursing is facilitated through study of the trends and issues currently affecting the profession. An overview of the role of the nurse in emergencies and disasters is provided.

Prerequisites (and/or Co-requisites):

NS 227 and NS 222

Textbook(s) and Other Reference Material Basic to the Course:

1. Phipps, W., Long, B., and Woods, N., MEDICAL SURGICAL NURSING: CONCEPTS AND CLINICAL PRACTICE. St. Louis: C. V. Mosby Company., 1983.
2. Kim, M., McFarland, G., and McLane, A., POCKET GUIDE TO NURSING DIAGNOSES. St. Louis: C. V. Mosby Company., 1984.

NS 239

I. Course Content:

Week	Unit	Topic
1 March 28	I	Care of the Patient with Deviations of the Urinary Subsystem, Part II
2 April 01	I	Care of the Patient with Deviations of the Urinary Subsystem, Part II - cont'd
April 04	I	Care of the Patient with Deviations of the Urinary Subsystem, Part II - cont'd
	II	Care of the Patient with Deviations of the Reproductive Subsystem
3 April 08	II	Care of the Patient with Deviations of the Reproductive Subsystem
April 11	II	Care of the Patient with Deviations of the Reproductive Subsystem - cont'd
4 April 15		TEST: UNIT I AND II
	III	Care of the Patient with Deviations of the Immune System
April 18	III	Care of the Patient with Deviations of the Immune System - cont'd
5 April 22	IV	Care of the Patient with Deviations of Cellular Growth
April 25	IV	Care of the Patient with Deviations of Cecullar Growth - cont'd
6 April 29	IV	Care of the Patient with Deviations of the Breast
May 02	V	Care of the Patient Experiencing Loss
7 May 06		TEST: UNIT III, IV, V
	VI	Care of the Patient with Deviations of the Integumentary Subsystem
May 09	VI	Care of the Patient with Deviations of the Integumentary Subsystem - cont'd
8 May 13	VI	Care of the Patient with Deviations of the Integumentary Subsystem - cont'd
May 16	VII	Care of the Patient with Deviations of the Blood and Blood Forming Organs
9 May 20	VII	Care of the Patient with Deviations of the Blood and Blood Forming Organs - cont'd.
May 23	VII	Care of the Patient with Deviations of the Blood and Blood Forming Organs - cont'd
10 May 27		TEST: UNIT VI AND VII
	VIII	Nursing Care in Emergencies and Diasters
May 30	VIII	Nursing Care in Emergencies and Diasters - cont'd
11 June 03		COMPREHENSIVE FINAL EXAM

II. Central Competencies:

1-5	52.	Apply the five phases of the decision-making process in the delivery of nursing care to a group of patients.
4	53.	Assume the role of planner and coordinator of patient care while directing nursing team members in the care of a group of patients.
2	54.	Employ written and verbal communication skills to transmit information regarding groups of patients while functioning in the management role.
3	55.	Develop teaching-learning strategies to be implemented by members of the nursing team while functioning in the management role.
5	56.	Demonstrate behaviors consistent with the role of the nurse as a member within the profession.
4	57.	Design a nursing care plan for patients with health deviations related to the immune response, cellular growth, hematology, or to the urinary, reproductive, or integumentary subsystem.
1-5	58.	Provide direct care utilizing the decision-making process to individual patients and groups of patients with common, well-defined health deviations of the urinary, reproductive, or integumentary subsystems, or to those with deviations of the immune reponse, cellular growth, or hematology.
1	59.	Design nursing strategies to facilitate the grieving process in individuals experiencing loss.
1	60.	Plan nursing strategies in response to common emergencies and disasters.
5	61.	Relate current issues and trends in nursing care to their potential impact on health care and the nursing profession.

III. Specific evaluation process whereby the achievement will be measured:

A. Examinations and Quizzes:

1. Quizzes on assigned reading for classroom theory (short answer, matching, true/false).
2. Three (3) unit examinations (objective, short answer, discussion).
3. One (1) comprehensive final examination (objective, short answer).

An academic average of 70% on the unit and final examinations combined is required for passing the course.

B. Laboratory:

1. A student must receive a "safe" evaluation in the clinical setting for progression. An "unsafe" evaulation will result in failure of the course regardless of the academic average.

C. Field Work:

1. One (1) care plan related to the patient with a health deviation of the urinary, reproductive, or integumentary subsystem, or of the immune response, cellular growth, or hematology.

2. Five (5) summaries of assigned readings on current nursing issues or trends.

3. One (1) typewritten report on a major nursing issue or trend. (Report also presented to the class.)

4. Participation in an approved health-related community service or organization.*

5. Completion of an assessment guide and medication cards on each assigned patient in the clinical area.*

*Assessment guides, medication cards, and community participation will be graded on a satisfactory/unsatisfactory basis.

III. Evaluation Procedures - continued

D. Calculation of the Final Grade:

Average of unit examinations (3)	40%
Final examination	25%

*The student must have an average of 70% or above on the unit and final examinations combined to pass the course.

Quizzes	10%
Care Plans (1)	5%
Issue/Trend Summaries (5)	10%
Issue/Trend Report	10%
	100%

7-03-84

UNIT I

Care of the Patient with Deviations of the Urinary Subsystem - Part II

A. Vocabulary

1,58 1. Define the following terms:

nephrostomy (or pyelostomy) tube
nephrectomy
pyelolithotomy
cutaneous uretherostomy
ileal conduit (ileal loop)
urostomy appliance

B. Deviations of Urinary Elimination

58 1) Describe drainage of the kidney, pelvis, and ureters using a nephrostomy tube or ureteral catheter (pp. 1524-1525).

42,57, 58 2) Describe general principles related to the pre and postoperative care of the patient requiring urologic surgery (pp. 1530-1531) including problems related to:

1) ventilation
2) urinary output
3) distention
4) hemorrhage
5) dressings
6) drainage tubes

58 3) Describe the purpose and types of urinary diversion procedures including:

a) cutaneous ureterostomy
b) ureteroileocultaneous anastamosis (ileal conduit/ileal loop/Bricker procedure)

Unit I, continued

B. Deviations of Urinary Elimination - continued

42, 58	□ △	4) List early complications which can follow urinary diversion surgery.
41,42, 57,58	● ■ ▲	5) Describe counseling, teaching, and physical preparation of the patient undergoing urinary diversion surgery (preoperative care).
42, 57	△ ● ▲	6) Describe the postoperative care of the patient following urinary diversion surgery including: a) use of splinting catheters b) skin care and stoma care including the procedure for changing the urostomy appliance c) assessment of the stoma and periostomal skin d) monitoring of urinary output e) change in body image f) self-care g) problems (odor, bleeding, lacerations, crystal formation
58	●	7) List outcome criteria for the person with a urinary stoma.

Read: Phipps, Long, and Woods - pp. 1524-1525, 1530-1541.

Smith and Duell - pp. 421-426 (Care of the Patient with a Urinary Diversion).

Unit I, continued

C. Vocabulary

1,58 1) Define the following terms:

UTI
cystitis
urethritis
pyelonephritis
dysuria
hydronephrosis
hydroureter
BPH (benign prostatic hypertrophy)
urolithiasis
nephrolithiasis
renal colic
hematuria
ureterolithotomy
pyelolithotomy
lithopaxy
nephrectomy
Wilm's tumor
cystectomy
nocturia
hesitancy
TURP (transurethral prostatectomy) (TUR)
water intoxication
suprapubic prostatectomy
retropubic prostatectomy
perineal prostatectomy

D. Deviations of Urinary Elimination - continued

3,57, 58 1) Define the following aspects of UTI:

a) pathophysiology
b) etiology
c) prevention
d) signs and symptoms
e) intervention (including medications)
f) outcome criteria

Unit I - continued

D. Deviations of Urinary Elimination - continued

58 — 2) Briefly describe congenital malformations and trauma as causes of urinary deviation.

3, 57, 58 — 3) Describe the following aspects of renal calculi:

a) etiology and pathophysiology
b) prevention
c) clinical picture
d) intervention (acute, surgery, and long-term care)
e) outcome criteria

58 — 4) Briefly describe tumors of the kidney and bladder as causes of urinary deviation.

3.57, 58 — 5) Describe the pathophysiology and clinical picture of benign prostatic hypertrophy.

41,42, 57,58 — 6) Describe each of the following four types of surgery for prostatic hypertrophy and list associated nursing strategies for care of the patient requiring that type of surgery.

a) Transurethral prostatectomy (TURP)
b) Suprapubic prostactectomy
c) Retropubic prostatectomy
d) Perineal prostatectomy

11,57, 58 — 7) Identify nursing strategies related to the care of the patient with a:

a) three-way foley catheter with continuous bladder irrigation
b) suprapubic catheter

57 — 8) Compare and contrast the different types of prostatic surgery (Table 6203, pg 1560 and Figure 6205, pg. 1562).

57,58 — 9) Describe common concerns, discharge planning, and outcome criteria for the patient following prostatectomy.

Read: Phipps, Long, and Woods - pp. 1549-1563.
Smith and Duell - pp. 412-421.

View: VT 1135 A & P of the Urinary and Reproductive System (Review)

UNIT II - CARE OF THE PATIENT WITH DEVIATIONS OF THE REPRODUCTIVE SUBSYSTEM

A. Vocabulary

57 1. Define the following terms.

androgens	ovulation
Bartholin's gland	parametrium
clitoris	perineum
Cowpers gland	progesterone
ejaculation	prostate gland
endometrium	seminal vesicles
estrogen	Skene's glands
fallopian tubes	smegma
fornix	spermatic cord
fossa navicularis	testes
labia majora	testosterone
labia minora	vaginal vault
mons pubis	vas deferens
myometrium	vestibule
ovaries	

B. Anatomy and Physiology of the Reproductive Subsystem (Review)

57 1. Discuss the anatomy and physiology of the reproductive subsystem including the following:

a) female genital system
b) male genital system
c) pelvic ligaments and muscles
d) endocrine functions

Assessment

3, 57 1. Describe the subjective data to be collected during a nursing assessment of the reproductive subsystem.

3, 57 2. Discuss the objective data to be collected in an assessment of reproductive subsystem including the following:

a) physical exam
b) abdominal exam
c) pelvic exam
d) examination of males

3, 57 3. Identify nursing responsibilities related to the care of a female patient before, during, and after a pelvic exam.

UNIT II - CARE OF THE PATIENT WITH DEVIATIONS OF THE REPRODUCTIVE SYSTEM

D. Diagnostic Tests

57 1. Explain the following diagnostic tests including nursing strategies related to each:

a) test for syphilis
b) vaginal and cervical smears and cultures
c) cervical biopsy
d) pregnancy test
e) prostatic and testicular smears and biopsies
f) enzyme studies
g) endocrine studies

3,57 2. State the diagnostic tests included in an infertility study.

57 3. Identify preoperative and postoperative nursing strategies related to the care of a patient undergoing dilation and curettage.

57 4. Discuss the different procedures by which the pelvic organs can be visualized by endoscopy.

Read: Phipps, Long, and Woods, pp. 1599-1636.

View: VT 1135 A & P of the urinary and reproductive system

E. Vocabulary

57 1. Define the following terms related to reproductive or sexual problems.

amenorrhea
climacteric
culdoscopy
culpotomy
cystocele
Doderlein's bacilli
dysfunctional uterine bleeding
dysmenorrhea
leukorrhea
menororrhagia
metrorrhagia
oophoritis
polymenorrhea
rectocele
salpingitis

UNIT II- CARE OF THE PATIENT WITH DEVIATIONS OF THE REPRODUCTIVE SYSTEM

F. Menstruation

57 1. Review the normal menstrual cycle.

57, 58 2. Compare and contrast the pathophysiology, interventions, and outcome criteria for the following major complaints of the menstrual cycle:

a) Dysmenorrhea
b) Amenorrhea
c) Abnormal vaginal bleeding

G. Reproductive System and the Aging Process

57 Identify the normal physiology, the clinical picture, management, and outcome criteria related to menopause

H. Family Planning

57 Review birth control methods as to:

a) how the method works,
b) degree of protection,
c) side effects, and
d) contraindications to use.

I. Sterilization

57 1. Describe the procedure used for a man or woman seeking voluntary sterilization.

10, 57 2. Formulate a pre and post operative plan of care for a patient undergoing voluntary sterilization (include psychological aspects).

J. Infertility

57 1. Explain nursing strategies to aid couples with psychological adaptation to infertility.

57 2. Describe alternative medical approaches to infertility management.

UNIT II - CARE OF THE PATIENT WITH DEVIATIONS OF THE REPRODUCTIVE SYSTEM

K. Problems of the Reproductive System Affecting Women

13, 57 1. Compare the etiology, pathophysiology, clinical picture, interventions, and outcome criteria related to a woman with:

a. infections of the vulva and vagina
b. pelvic inflammatory disease
c. toxic shock syndrome
d. uterine displacement
e. prolapse of the uterus

Read: Phipps, Long, and Woods, pp. 1638-1762; 1676-1684.

L. Vocabulary

57 1. Define the following terms related to reproductive subsystem problems and to sexually transmitted diseases.

chlamydia trachomatis	myomas
cryptorchidism	neisseria gonorrhoeae
endometriosis	orchiectomy
gestational trophoblastic neoplasm	orchitis
Herpes virus hominis	Phimosis
hydrocele	prostatitis

M. Benign Tumors of Female Genital Tract

57 1. Describe the pathophysiology, clinical picture, and intervention for the following:

a) ovarian tumors and cysts
b) fibroid tumors
c) endometreosis

N. Cancer of Female Genital Tract

13, 57 1. Discuss the medical management and nursing strategies for a woman with cervical cancer.

16, 57 2. Develop a plan of care for the post-op complications following a radical hysterectomy.

57 3. Identify the clinical picture and interventions for ovarian cancer.

57 4. Describe the etiology, pathophysiology, clinical picture, interventions related to gestational trophoblastic neoplasia.

UNIT II - CARE OF THE PATIENT WITH DEVIATIONS OF THE REPRODUCTIVE SYSTEM

O. Problems of the Reproductive System Affecting Men

57 1. Compare the etiology, pathophysiology, clinical picture, interventions, and outcome criteria related to a man with:

a) prostatitis
b) epididymitis
c) phimosis
d) hydrocele
e) torsion of testes

P. Neoplasms of Male Reproductive Tract

57 1. Differentiate testicular cancer and prostate cancer in the following areas:

a) etiology
b) pathophysiology
c) clinical picture
d) interventions

16 2. Identify a teaching strategy for nurses in the prevention of testicular cancer.

13, 57 3. Devise a nursing plan of care for the post-op complications of the treatment for testicular and prostate cancer.

57 4. Identify outcome criteria for a man with a neoplasm of the reproductive organ.

Q. Sexually Transmitted Diseases

57 1. Name nursing strategies for the prevention and control of STD'S.

57 2. Describe the clinical picture, prevention, and intervention for the following STDS.

a) gonorrhea
b) syphilis
c) herpes genitalis
d) chlamydral infection
e) candidiasis

57 3. List the outcome criteria for the person with a STD.

Read: Phipps, Long, and Woods. pp. 1696-1736.

View: VT 1124 - Tumors of uterus and cervix: Surgical management after the hysterectomy

UNIT III - CARE OF THE PATIENT WITH DEVIATIONS OF THE IMMUNE SYSTEM

A. Biological and Anatomic Defense Mechanisms

1, 57 1. Define the following terminology.

biologic defense mechanisms
  a. nonspecific
  b. specific
immunity
susceptibility
acquired immunity
active immunity
passive immunity
biochemical protective factors
normal microbic flora
transient flora
microbial antagonism
carrier
reticuloendothelial system
phagocytic cells
wandering macrophages
circulating antibodies
complement/complement cascade
interferon
inflammation
lymphadenitis
leukocytosis
immunoglobulins
antigen-antibody reaction
thymus
T-cell lymphocytes
B-cell lymphocytes
immune tolerance
immunodeficiencies
gammopathies
hypersensitives
autoimmunities

57 2. Specify the body's defense mechanisms separating these into specific and nonspecific groups.

57 3. Name the components and functions of the reticuloendothelial system.

3, 57 4. Describe the physiology of the inflammatory response and the clinical manifestations which occur.

57 5. Explain the concept of an adaptive specific immune system.

57 6. Define the antigen-antibody interactions as to the effect in protecting the body from pathological conditions.

57 7. Describe the immune system response relating the role of specific cells and organs.

57 8. Explain the acquisition of active and passive immunity.

57 9. State the developmental aspects of the immune response.

57 10. Specify the role of the immune system in prevention of the development of cancer.

53, 57 11. Relate the immune system's response to tissue transplant (allograft).

READ: Phipps, Long, and Woods. Chapter 19, pp. 271-295.
(Terminology chapters 19, 72)

UNIT III - CARE OF THE PATIENT WITH DEVIATIONS OF THE IMMUNE SYSTEM

B. Deviations of the Immune System

57 1. Identify the primary immunodeficiencies.

57 2. Specify the causative factors of secondary immunodeficiencies.

57 3. List the various methods employed to induce immunosuppression.

57 4. Name the groups of drugs and their mechanisms which induce immunosuppression.

3, 57 5. Relate objective and subjective data the nurse and health team members need for assessing the immunodeficient patient.

57 6. Discuss hyperglobulinemias as to type, etiology, and strategies.

13, 57 7. Describe the pathophysiology, etiology, and strategies of gammopathies (hypergammaglobinemias).

57 8. Define hypersensitivity reactions with appropriate interventions for prevention and resolution.

57 9. Identify emergency treatment for the patient who has an anaphylactic reaction.

57 10. Describe the strategies utilized for identifying and eliminating allergens when the patient has persistent allergic responses.

16, 57 11. Write a teaching plan for the patient and/or family who is hypersensitive (allergies).

57 12. Specify the effects on the biological, psychological, and sociological subsystems which result from chronic allergies.

13, 57 13. Discuss the multisystem involvement of the patient who has AIDS and the adaptations necessary for him and his family.

13, 57 14. Describe the etiology of AIDS and the strategies utilized.

Reading: Phipps, Long, and Woods. Chapter 72, pp. 1855-1876.

View: Acquired Immunodeficiency syndrome VT 1136

Enrichment reading: Sherlock, M. E., Caring for the AIDS patient fearlessly. Nsg 83, Sept., pp. 50-55.

Parker, C., Food Allergies, AJN 80:262-265 (Feb.)

UNIT IV - CARE OF THE PATIENT WITH DEVIATIONS OF CELLULAR GROWTH

A. Overview, Epidemiology, and Pathophysiology

1, 57 1. Define the following terminology.

malignant	sarcoma
neoplasm	teratoma
hypertrophy	precancerous lesions
metaplasia	radiotherapy
dysplasia	chemotherapy
metastasis	immunotherapy
carcinogenesis	interferons
carcinoma	radium implants
	oncology

57 2. Relate the incidence of major leading cancer sites to age, sex, and race.

57 3. Compare the characteristics of the normal cell to the malignant cell.

57 4. Identify factors which affect the growth of neoplasms.

57 5. Explain the various methods by which metastasis of a neoplasm occurs.

57 6. Describe the classification system of neoplasms.

57 7. Specify the factors underlying development of cancer.

57 8. List various lifestyle practices which contribute to the development of cancer.

57 9. Describe how attitudes toward cancer and cancer quackery interfere with effective health care.

Read: Phipps, Long, and Woods. pp. 463-480.

UNIT IV - CARE OF THE PATIENT WITH DEVIATIONS OF CELLULAR GROWTH

B. Prevention and Therapeutic Methods

57 1. Name the warning signs of cancer as specified by the American Cancer Society.

57 2. Describe the nurse's role in cancer prevention and cancer care.

3, 57 3. Identify subjective and objective data utilized in assessment of the cancer patient.

13, 57 4. Relate the nursing strategies which promote adaptation for the patient during the diagnostic period.

57 5. Compare nursing strategies utilized for various therapeutic regimens such as:

a) radiotherapy
b) chemotherapy
c) immunotherapy
d) interferon

57 6. Describe the chemotherapeutic agents as to:

a) type of action
b) side effects
c) nursing strategies

13, 57 7. Design a plan of care for a patient with advanced cancer considering these aspects:

a) hospitalized patient
b) patient receiving home care
c) utilization of community agencies

Read: Phipps, Long, and Woods. pp. 480-518.

View: FS 870 Cancer I: The Nature of cancer and its diagnosis
FS 871 Cancer II: Viewpoint, the patient
FS 872 Cancer III: Treatment modalities with implications for nursing care
VT 410 Basics of Chemotherapy

Enrichment read: Scogne, D. M. and Smalley, R., Chemotherapy Induced Nausea and Vomiting, AJN 79: pp. 1562-1567 (Sept).

Accola, K. and Sommerfield, D., Helping People with Cancer Consider Parenthood. AJN 81: pp. 714-718 (April).

Kelly, P. P. and Tinsley, C., Planning care for the patient receiving external radiation. AJN 81: 338-342 (- .).

Petton, S. Easing the complications of chemotherapy, Nsg 84, Feb. pp. 58-63.

IV

UNIT IV - CARE OF THE PATIENT WITH DEVIATIONS OF THE BREAST

C. Malignancies of the breast

1. State the incidence of breast cancer as to age and factors shown to increase the occurrence.

2. Specify the technique for breast self-examination, who should perform it, and the frequency.

3, 57 3. Describe subjective and objective data used in diagnosing breast cancer including:

a. pt history
b. physical exam
c. mammography
d. xeroradiography
e. thermography
f. ultrasonography

57 4. Define the various therapeutic measures utilized for treatment of breast cancer:

a. surgery
b. chemotherapy
c. radiation

57.58 5. Relate the various types of mastectectomies to the indications, complications, and nursing strategies.

57 6. Explain the psychological adaptations necessary for the patient if mastectomy is indicated.

57 7. Describe the community agency resources for the woman with breast cancer which promote adaptation.

16, 57 8. Write a discharge teaching plan for the postmastectomy patient considering the various modifications of surgery and possible follow-up treatments.

9. State the pathophysiology of metastasis from breast cancer.

READ: Phipps, Long, and Woods pp. 1740-1759.

ENRICHMENT READING: Hassey, K.M. and Bloom L., Burgess, S.L., Radiation: Alternative to mastectomy. AJN 83: 1567-1569 (Nov.).

Greiner, L. and Weiler, C. Early stage breast cancer: what do women know about treatment choices? AJN 83: 1570-1572.

Knobf, M.K.T., Continuing education program, breast cancer---the treatment evolution, AJN:84, 1109-1120, (Sept.).

UNIT IV - CARE OF THE PATIENT WITH DEVIATIONS OF THE BREAST

D. Nonmalignant breast diseases

1, 57 ☐ 1. Describe the pathophysiology of nonmalignant diseases of the breast as follows:

dysplasia (fibrocystic disease)
fibroadenoma
gynecomastia
painful breasts
infections

57 ● 2. Identify appropriate nursing strategies for each of the nonmalignant diseases of the breast.

16, 57 ▲ ● 3. Construct a teaching plan for recognition and appropriate care for patients with fibrocystic disease of the breast.

Read: Phipps, Long, and Woods pp. 1759-1763.

UNIT V

Care of the Patient Experiencing Loss

A. Vocabulary

1, 59 1) Define the following terms:

loss
actual loss
perceived loss
anticipatory loss
grief
bereavement
mourning
Kübler-Ross' five stages of dying:
  denial
  anger
  bargaining
  depression
  acceptance
Living Will
euthanasia
passive euthanasia
active euthanasia
anticipatory grief
unresolved (pathologic) grief
dignity
rigor mortis
autopsy

B. Types of Loss

59 1) Describe the two general types of loss: actual and perceived.

59 2) Identify four sources of loss and give examples of each from your own experiences.

C. Reaction to Loss: Grieving

59 1) Identify six characteristics of grief attributed to Burgess and Lazare.

Unit V, continued

D. Stages of Grieving

3,59 ●■ 1) Describe each of the following five stages of dying as identified by Kübler-Ross and identify nursing strategies to meet the needs of the individual as he experiences each of these:

a) denial
b) anger
c) bargaining
d) depression
e) acceptance

E. Assessment and Intervention

59 ● 1) Briefly differentiate closed awareness, mutual pretense, and open awareness in relation to impending death and identify advantages or disadvantages associated with each.

3,59 ●□ 2) List clinical signs for each of the following:

a) impending death
b) imminent death
c) death

59 ○● 3) Describe factors which influence a loss reaction and list common fears associated with dying that the nurse should consider in assessing and planning care.

59 ● 4) Identify observations associated with the diagnosis of unresolved (pathologic) grief and list factors that may contribute to unresolved grief.

59 ● 5) Identify nursing goals and outcome criteria for patients who are dying and for persons who are grieving (pp. 921-925).

11, 59 ● 6) Identify ways nurses can restore a "sense of control" to the dying patient to enable him to die with dignity.

Unit V, continued

E. Assessment and Intervention - continued

11, 59, 7) Describe nursing strategies for meeting the physiologic needs of dying patients including:

a) personal hygiene measures
b) pain control
c) relief of respiratory difficulty
d) movement
e) nutrition and hydration
f) elimination
g) measures related to sensory changes

59 8) List seven strategies for helping the bereaved resolve his grief.

11,59 9) Describe briefly the body changes occurring after death and identify nursing interventions related to the care of the body after death (post mortem care).

Read: Kozier and Erb, pp. 913-929.

UNIT VI

Care of the Patient with Deviations of the Integumentary Subsystem

A. Vocabulary

1,58 ■● 1. Define the following terms: (Refer to third column, Table 68-2, pg 1785 - Phipps, Long, and Woods.)

macule
contusion
maceration
scale
crust
lichenification
vesicle
bulla
pustule
papule
nodule
keloid
wheal
abrasion
excoriations
fissure
laceration
incision
petechia
telangiectasis
ecchymosis

B. Assessment of the Integumentary Subsystem

★ 1. Describe the structure of the skin and its functions. (Review)

3,57,58 ● 2. List objective and subjective data to be collected relative to assessment of the skin.

C. Vocabulary

1, 58 — 1. Define the following terms related to plastic surgery:

grafting
autograft
homograft (allograft)
heterografts (xenografts)
free grafts
split-thickness graft
meshed graft
full-thickness graft
flap graft
pedicle graft
donor site
dermabrasion
rhinoplasty
otoplasty
rhytidoplasty
mammoplasty

D. Intervention: Plastic Surgery

31,58 — 1. Relate psycho-social stressors associated with reconstructive surgery to the role of the nurse in promoting pre and postop adaptation.

58 — 2. Differentiate autografts, homografts, and heterografts.

58 — 3. Compare and contrast the following types of grafts:

a) thin, intermediate and thick split-thickness grafts
b) meshed grafts
c) full thickness grafts
d) flap grafts

13,57, 58 — 4. Describe the preoperative skin care of the patient receiving a graft.

13,57, 58 — 5. Identify postoperative nursing strategies related to the care of the recipient site and the donor site.

58 — 6. Briefly describe the following types of reconstructive surgery:

a) rhinoplasty
b) otoplasty
c) rhytidoplasty
d) mammoplasty

57,58 — 7. Define outcome criteria for the person having plastic surgery.

Read: Phipps, Long, and Woods, pp. 1779-1808.

Unit VI, Continued

E. Vocabulary

1,58 1. Define the following terms related to deviations of the integument:

candidiasis (moniliasis)
fumncle
carbuncle
wart
plantar wart
herpes simplex
herpes zoster (shingles)
acne vulgarus
dermatitis
contact dermatitis
expholiative dermatitis
discoid lupus erythematosus (DLE)
systemic lupus erythematosus (SLE)
psoriasis
leukoplakia
pigmented nevi
squamous cell carcinoma
basal cell epithelioma
malignant melanoma
keloid

F. Deviations of the Integumentary Subsystem

3,57,58 1. Define the etiology, clinical picture, and intervention related to the following:

a) candidiasis
b) furuncles and carbuncles
c) warts
d) herpes simplex
e) herpes zoster (shingles)

3,57,58 2. Describe the etiology, prevention, clinical picture, and intervention related to:

a) acne vulgaris
b) contact dermatitis

F. Deviations of the Integumentary Subsystem - continued

3,16, 57,58	□ ▱ ● ▲	3. Differentiate SLE from DLE in regard to the following aspects: a) etiology b) pathophysiology c) clinical picture d) intervention (including drug therapy and learning needs of the patient)
3,57, 58	□ ▱ ●	4. Identify the clinical picture and interventions related to psoriasis.
3,58	□	5. Describe four skin lesions that may lead to malignancy (pre-malignant lesions).
16,57, 58	□ ▱ ● ▲	6. Describe the etiology and treatment of the following malignant skin lesions including nursing strategies related to preventive health teaching and early diagnosis: a) squamous cell carcinoma b) basal cell epithelioma c) malignant melanoma
36,57, 58	○ ●	7. Describe the psychological, sociological, and cultural aspects of integumentary subsystem deviations identifying nursing strategies to promote adaptation.

Read: Phipps, Long, and Woods, pp. 987-988, 1832; 1834-1842; 1845-1847;1848-1852.

White, J. Teaching patients to manage systemic lupus erythematosus. A.J.N., 1978, 8 (9), 26-34. (On reserve.)

Schulmeister, L. Screening for skin cancer. Nursing 81, October, 42-45.

NS 239

UNIT VII

Care of the Patient with Deviations of the Blood and Blood Forming Organs

A. Vocabulary

1,58 1) Define the following terms:

reticuloendothelial system
erythrocytes
thrombocytes
leukocytes
hematopoiesis
petechiae
ecchymoses
thrombocytopenia
jaundice
anemia
neutropenia
pancytopenia
aplastic anemia
leukopenia
hemolytic anemia
sickle cell anemia
thrombotic crises
thalassemia
acquired hemolytic anemia
iron deficiency anemia
megaloblastic anemia
pernicious anemia
intrinsic factor
erythrocytosis
polycythemia urea
splenomegaly
thrombocytopenia
hemophilia

Unit VII, continued

B. Assessment of the Hematopoietic Subsystem

3,57, 58 ● 1) List subjective and objective data to be collected relative to the hematopoietic subsystem.

58 ⌓ ● 2) Describe the purpose of bone marrow aspiration and biopsy and nursing strategies for prevention of complications following these procedures.

3,58 ▢ 3) Identify common tests used to diagnose problems of RBC, WBC, and Platelet production (refer to table 47-1, pg. 1189).

C. Deviations associated with Erythrocytes

1,58 1) Outline the production, lifespan, and function of the RBC and state the nl RBC count for male and female (Review).

57,58 ○ ▭ ▱ ▢ ● ▲ 2) Define the etiology, pathophysiology, clinical picture and interventions related to the following anemias:

a) acute anemia (2° to blood loss)
b) chronic anemia (2° to blood loss)
c) aplastic anemia
d) sickle cell anemia
e) thalassemia
f) acquired hemotic anemia
g) iron-deficiency anemia
h) megaloblastic anemia

·2° Vitamin B_{12} deficiency = pernicious anemia
·2° Folic acid deficiency

57,58 ● 3) List outcome criteria for the person with anemia.

57,58 ○ ▢ ● 4) Identify the pathophysiology, clinical picture, interventions, and outcome criteria for the patient with polycythemia vera.

Unit VII, continued

D. Deviations associated with Platelets

1) Outline the formation, life span, removal of worn out platelets in the body and state the normal adult count (Review).

57,58 2) Describe the etiology, pathophysiology, clinical picture, and interventions related to thrombocytopenia purpura including "bleeding precautions" to be implemented by the nurse.

57,58 3) Identify the discharge learning needs of the patient with thrombocytopenia.

E. Deviations associated with Coagulation

57,58 1) Define the etiology, clinical picture, and interventions related to hemophilia.

58 2) Relate the pattern of inheritance of hemophilia to the value of genetic counseling for affected adults considering parenthood.

58 3) Describe the role of the National Hemophilia Foundation in aiding the individual with hemophilia to adapt to his health deviation.

58 4) Relate the problem of Vitamin K deficiency to prolongation of the prothrombin time (PT) and abnormal bleeding.

57,58 5) Describe the etiology, pathophysiology, clinical picture, and interventions related to disseminated intravascular coagulation (DIC).

Read: Phipps, Long and Woods; pp. 1186-1202.

Smith and Dual; p. 312 (Bone Marrow Aspiration)

Wroblewski, S. and Wroblewski, S. Caring for the patient with chemotherapy induced thrombocytopenia. A.J.N., 1981, 81 (4), pp. 746-749. (On reserve.)

Understanding and treating hemophilia. Nursing 80, August, 72, pp. 72. (On reserve.)

Read: Phipps, Long, and Woods - pp. 1186-1202.

Smith and Duell - p. 312 (Bone Marrow Aspiration).

Wroblewski, S. & Wroblewski, S. Caring for the patient with chemotherapy induced thrombocytopenia. AJN, 1981, 81 (4) pp. 746-649. (on reserve)

Unit VII, continued

F. Vocabulary

1,58 1) Define the following terms:

disseminated intravascular coagulation (DIC)
neutropenia
neutrophilia
leukemia
acute lymphocytic leukemia (ALL)
acute myelogenous leukemia (AML)
chronic lymphocytic leukemia (CLL)
chronic myelogenous leukemia (CML)
lymphangiography
Hodgkin's disease
Reed-Sternberg cell
non-Hodgkin's lymphoma
infectious mononucleosis

G. Deviations associated with White Blood Cells

58 1) List the 6 types of WBC's and define their function. (Include the nl WBC count and relative % of cells in a WBC differential. (Review)

57, 58 2) Describe the etiology, pathophysiology, and interventions related to neutropenia including nursing strategies and patient learning needs related to prevention of life-threatening infections.

58 3) Compare and contrast the following types of leukemia in regard to etiology, pathophysiology, clinical picture and intervention:

a) Acute lymphocytic leukemia
b) Acute myelogenous leukemia
c) Chronic lymphocytic leukemia
d) Chronic myelogenous leukemia

16,57, 58 4) Identify the learning needs and outcome criteria for the person with acute or chronic leukemia.

Unit VII, continued

H. Deviations associated with the Lymph System

58 — 1) Define the chief function of lymphocytes.

3,58 — 2) Describe assessment of the lymph nodes including the use of lymphangiography and computed tomography (CT scan).

58 — 3) Describe Hodgkins disease relative to its etiology, pathophysiology, clinical picture and staging.

57,58 — 4) Describe the use of radiation therapy and chemotherapy in the treatment of Hodgkin's disease and the potential for drug-induced sterility.

57,58 — 5) Identify the etiology, clinical picture, and interventions (including radiotherapy and chemotherapy) related to the non-Hodgkin's lymphomas.

16,57,58 — 6) Develop a discharge teaching plan based on the outcome criteria on pg 1210 for the person with Hodgkin's or non-Hodgkin's lymphoma.

57,58 — 7) Identify the etiology, clinical picture, and intervention related to infectious mononucleosis.

Read: Phipps, Long, and Woods - pp. 1202-1210.

Hagan, S. Bring help and hope to the patient with Hodgkins disease. Nursing 83, April, pp. 58-63. (On reserve.)

View: VT 410 Basics of Chemotherapy (Review)
VT 1259 Radiation Therapy
VT 829 Care of the Patient with Leukemia

UNIT VIII - NURSING CARE IN EMERGENCIES AND DISASTERS

A. Emergency Nursing

60 1. Define the two legislative acts which affect individuals and communities in need of emergency aid:

   a. National Safety Act of 1966
   b. "Good Samaritan" law

60 2. Relate the mortality and morbidity from accidents in the United States with various age groups and types of accidents.

60 3. State the nurse's role in accident prevention as a member of the profession and community, and in the hospital setting.

60, 10 4. List the four parameters the nurse evaluates when making a priority assessment in an emergency situation.

60, 3 5. Identify the necessary objective and subjective data gathered by the nurse.

60, 54 6. List the possible etiologies of loss of consciousness and the data collected for making a diagnosis.

60, 3 7. Describe the PQRST approach in assessment of pain when evaluating an emergency victim.

60, 47 8. State the common emergency problems of the cardiovascular and respiratory subsystems with appropriate nursing strategies.

60 9. Outline the emergency measures indicated for the patient who is hemorrhaging. (Include the antishock trousers.)

60 10. Specify the emergency treatment for poisoning related to these categories:

   a. inhaled poison
   b. contact poison
   c. ingested poison
   d. injected poison
   e. food poisoning
   f. plant poisoning

60 11. Explain the strategies for intervention following environmental injuries from exposure to heat, cold, or radiation.

60 12. Discuss strategies for the following emergency situations:

   a. open chest wound, flail chest
   b. musculoskeletal trauma, amputation
   c. severe or open
   d. animal bite, exposure to rabies
   e. puncture wound, exposure to tetanus
   f. rape

UNIT VIII - NURSING CARE IN EMERGENCIES AND DISASTERS

B. Diaster Nursing

60 1. Define the three types of diaster: multiple patients, multiple casualty, mass casualty.

60 2. Identify the types of diaster, dividing them into natural or man-made categories.

60 3. Explain the concept of triage during a diaster situation.

60 4. Describe the disaster syndrome with nursing strategies which promote adaptation.

READ: Phipps, Long, and Woods pp. 1879-1912.

VIEW: VT 848 Direct pressure and anti-shock garments.

NS 239

CLINICAL OBJECTIVES

Following completion of the corresponding units in classroom theory, the student will meet the following clinical objectives when assigned to a patient with related health deviations:

CARE OF THE PATIENT WITH DEVIATIONS OF THE URINARY SUBSYSTEM

3, 57,58	●	1. Assess assigned patients for subjective and objective signs of urinary subsystem deviation including results of special diagnostic tests and procedures.
10, 57,58	●	2. Write nursing diagnoses related to the urinary subsystem adaptative state.
16,55, 57,58	⬭ ▬ ▱ ● ▲	3. Implement and evaluate pre and postoperative nursing care for the patient requiring urologic surgery including teaching strategies to be implemented by the nursing staff.
11,57,58	●	4. Implement and evaluate skin and stoma care for the patient with a urinary diversion.
16,55,57, 58	● ▲ ■	5. Implement and evaluate a self-care teaching plan for the patient with a urinary diversion including teaching strategies to be implemented by the nursing staff.
11,29,55, 56	● ■	6. Implement cognitive, affective, and psychomotor nursing strategies to promote psychological and sociological adaptation in the patient with a changed body image resulting from urologic surgery.
11,55,56	⬭ ●	7. Implement appropriate nursing skills in the care of the patient with a three-way foley catheter and continuous bladder irrigation.
11,55,56	⬭ ●	8. Implement appropriate nursing skills in the care of the patient with a suprapubic catheter.

CARE OF THE PATIENT WITH DEVIATIONS OF THE REPRODUCTIVE SUBSYSTEM

3,57 1. Assess assigned patients for subjective and objective data related to the reproductive subsystem including data from related diagnostic tests.

10, 57, 58 2. Write nursing diagnoses related to health deviations of the reproductive subsystem.

18, 57, 58 3. Implement and evaluate appropriate nursing strategies to promote, restore, and maintain reproductive subsystem adaptation in the patient with a health deviation in the reproductive subsystem.

16, 57, 58 4. Implement and evaluate a teaching plan to meet the learning needs of the patient with reproductive subsystem deviations including the patient's significant other.

16, 58 5. Implement and evaluate appropriate preoperative and postoperative nursing strategies for the patient undergoing surgical treatment for the following:

ovarian cancer
cervical cancer
testicular cancer
prostatic cancer

10, 57,58 6. Implement the decision-making process (nursing process) in providing care for the patient with a sexually transmitted disease.

CARE OF PATIENTS WITH DEVIATIONS OF THE IMMUNE SYSTEM

3,10, 57,	★ ○ ●	1. Formulate nursing diagnoses based on assessment of a patient with allergies.
16,57	★ □ ● ▲	2. Write a teaching plan for the patient/family who with allergies.
57,58, 59	○ □ ● ▲	3. Establish priorities of nursing strategies for the patient who experiences anaphylactic shock.
3,13, 18, 57, 58	○ □ ● ▲	4. Plan, implement, and evaluate appropriate nsg strategies for the patient who experiences anaphylactic shock.

CARE OF THE PATIENT WITH DEVIATIONS IN CELLULAR GROWTH

13,67, 58	•	1. Plan, implement, and evaluate nursing strategies for a patient who has been diagnosed with cancer.
3,11, 57,58	•	2. Assess assigned patients for adaptation strengths/weaknesses since being diagnosed with cancer.
13,57, 58	•	3. Implement nursing strategies for assigned patients who receive one or more modes of cancer treatment (e.g. chemotherapy, surgery, radiation).
16,57, 58	▲	4. Write discharge criteria for a patient with cancer who will receive home care.
57	•	5. Refer patient or assist with referral to community agencies which support the cancer patient and his family.

NS 239

CARE OF THE PATIENT EXPERIENCING LOSS

3,59	○ ●	1. Assess assigned patients for actual or perceived loss, and if present, identify the characteristics and stage(s) of grief as described by Kübler-Ross.
11,59	○ ●	2. Plan, implement, and evaluate care for the grieving and/or dying patient and his significant others with the goal of promoting adaptation to loss and of preventing pathologic grief.
59	●	3. Assist in providing post-mortem care with the support of the instructor or nursing staff.
59	●	4. Identify and evaluate personal beliefs and feelings in regard to death and the care of the patient experiencing loss.

CARE OF THE PATIENT WITH DEVIATIONS OF THE BREAST

16,57	▲ ●	1. Teach assigned patients to perform a breast self-examination.
13,57, 58	□ ●	2. Implement appropriate nursing strategies for a patient who has had a mastectomy.
57,58	✕ ●	3. Assess the postmastectomy patient for adaptive behaviors.
16,57, 58	■ ✕ ○ ● ▲	4. Write discharge plans including community agency referrals for a patient who has had surgery of the breast.

Care of the Patient with Deviations of the Integumentary Subsystem

3, 57, 58	●	1. Assess assigned patients for subjective and objective data related to the integumentary subsystem including results of diagnostic tests or procedures.
10, 57, 58	●	2. Write nursing diagnoses related to deviations of the integumentary subsystem.
11, 57, 58	▭ ▱ ● ▲	3. Plan, implement, and evaluate pre and postoperative nursing strategies for the patient receiving a skin graft to promote survival of the graft, healing of the donor site, and prevention of infection.
11, 57, 58	○ ▭ ▱ ● ▲	4. Plan, implement, and evaluate appropriate nursing strategies to promote, maintain, or restore integumentary subsystem adaptation in the patient with an integumentary deviation.
36, 57, 58	○ ●	5. Implement nursing strategies to promote psychosocial and cultural adaptation in the patient with a disfiguring deviation of the integument.
16, 49, 57, 58	● ▲	6. Design and implement a teaching plan for the patient with integumentary subsystem learning needs including the patient's significant others.

CARE OF THE PATIENT WITH DEVIATIONS OF THE BLOOD AND BLOOD-FORMING ORGANS

3, 57, 58	1) Assess assigned patients for subjective and objective data related to the hematopoitic subsystem including results of special diagnostic tests.
57	2) Provide care for the patient undergoing bone marrow biopsy or aspiration.
11, 57, 58	3) Plan, implement, and evaluate nursing care for the patient with deviations associated with RBC, WBC, or platelet production, deviations of coagulation, and of the lymph system.
11, 57, 58	4) Implement and evaluate bleeding precautions for the patient with thrombocytopenia.
11, 16, 49, 57, 58	5) Plan, implement, and evaluate appropriate nursing strategies to prevent life-threatening infection in the patient with neutropenia including the learning needs of the patient and his significant others.
16, 57, 58	6) Design, implement, and evaluate a discharge teaching plan utilizing the teaching-learning process for the patient with deviations of the hematopoietic subsystem including the patient's significant others.
49, 57, 58	7) Refer patients with deviations of the blood and blood forming organs to appropriate community health agencies when indicated.

APPLICATION OF THE MANAGEMENT PROCESS

3,52		1. Assess a group of patients and prioritize care appropriately.
13,42		2. Implement and evaluate nursing strategies for an assigned group of patients.
43,53		3. Assist with making patient assignments based on a patient classification system and staffing resources.
53		4. Participate with staff in making referrals to agencies which will provide ongoing care after dismissed from the hospital.
54		5. Summarize pertinent data for a group of patients by recording data and reporting to the on-coming staff.

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Department

Clinical Behaviors for NS 239

Legend: N/A Not Applicable or Not Observed
1 Consistently Unsafe
2 Consistently Safe
3 Consistently Safe and Able to Adapt Delivery of Nursing Care
* Critical Behavior

I. Role as a Provider of Direct Patient Care

	N/A	1	2	3
A. Assessment				
* 1. Collect data according to established protocol utilizing available resources.				
* 2. Identify and document changes in the patient's state of adaptation.				
a. Document changes in adaptation for patients with deviations of the immune response.				
b. Document changes in adaptation for patients with deviations of cellular reproduction.				
c. Document changes in adaptation for patients with urinary subsystem health deviations.				
d. Document changes in adaptation for patients with reproductive subsystem health deviations.				
e. Document changes in adaptation for patients with integumentary subsystem health deviations.				
f. Document changes in adaptation for patients with deviations in the formation of blood and its components.				
* 3. Assess the response of patients and their significant others to loss.				

I. Role as a Provider of Direct Patient Care - continued

	N/A	1	2	3
B. Analysis				
* 1. Establish a nursing diagnosis based on the patient's state of adaptation.				
C. Planning				
*1. Establish priorities of care based on the nursing diagnosis.				
*2. Set goals and develop objectives in conjunction with the patient or a significant other.				
*3. Develop individualized nursing care plans based upon the nursing diagnosis and identify strategies for implementation according to established protocol.				
D. Implementation				
* 1. Implement cognitive, psychomotor, and affective nursing strategies to promote, maintain, or restore the patient's optimum steady state of adaptation.				
*a. Implement appropriate strategies to facilitate the grieving process in patients or their significant others experiencing loss.				
b. Implement appropriate strategies for patients with deviations of the immune response.				
c. Implement appropriate strategies for patients with deviations of cellular reproduction.				
*d. Implement appropriate strategies for patients with urinary subsystem health deviations.				
e. Implement appropriate strategies for patients with reproductive subsystem health deviations.				
f. Implement appropriate strategies for patients with integumentary subsystem health deviations.				
g. Implement appropriate strategies for patients with deviations in the formation of blood or its components.				

I. Role as a Provider of Direct Patient Care - continued

	N/A	1	2	3
E. Evaluation				
* 1. Compare the patient's state of adaptation with previously defined objectives and goals.				
* 2. Identify alternate strategies to promote, maintain, or restore the patient's optimum steady state of adaptation, modify the plan of care accordingly and document changes.				
II. Role as a Communicator				
*1. Assess verbal and nonverbal communication of patients or significant others.				
*2. Use communication skills as a method of data collection, implementation of strategies, and evaluation of care.				
*3. Establish and maintain effective communication with health team members and evaluate effectiveness of this communication.				
*a. Employ communicative skills in the verbal and written transmission of information regarding individual patients to appropriate health team members.				
*b. Employ communicative skills in the verbal and written transmission of information regarding groups of patients to appropriate health team members.				
*4. Use appropriate referral sources to promote, maintain or restore the patient's optimum steady state of adaptation.				

	N/A	1	2	3
III. Role as a Patient Teacher				
*1. Identify situations in which individual patients need information to promote, maintain, or restore the optimum steady state of adaptation.				
*2. Assess the patient's level of development, knowledge, and readiness to learn.				
*3. Develop or adapt short-range teaching plans for implementation with individual patients.				
*4. Develop teaching-learning strategies to be implemented by members of the nursing team.				
*5. Implement teaching plans with individual patients.				
*6. Evaluate the patient's learning and modify teaching plans accordingly.				
IV. Role as a Planner and Coordinator of Patient Care				
*1. Assume the role of planner and coordinator of patient care by implementing the management process in the care of groups of patients.				
*a. Assess and establish priorities of nursing care when managing the care of a group of patients.				
*b. Organize patient care utilizing resources and nursing team members commensurate with their educational preparation and experience.				
*c. Direct nursing team members in the care of a group of patients.				
*d. Monitor less-skilled nursing team members in the implementation of strategies identified for the care of a group of patients.				

V. Role as a Member within the Profession of Nursing

	N/A	1	2	3
* 1. Demonstrate accountability for technical nursing practice within the profession's ethical and legal framework.				
* 2. Assess own performance using established criteria.				
* 3. Function independently when giving care to individual patients with common well-defined health deviations in secondary care settings.				
* 4. Function dependently consulting a more experienced registered nurse when caring for individual patients who are not within the scope of practice.				
5. Assume responsibility for continued learning as a means of growth, development, and maintenance of competencies within the scope of practice.				
6. Relate current issues and trends in nursing to their potential impact on health care services and the nursing profession.				

Safe = A score of 2 on all critical behaviors and an average of 2 for all behaviors.

Unsafe = A score of 1 on any critical behaviors or an average of less than 2 for all behaviors.

COMMENTS:

Student Signature _____ Instructor Signature _____

Date _____ Date _____

7-02-84

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Division

NS 139 - CAMPUS LAB

At the completion of this campus lab, the student will be able to:

1. Describe the locus of control theory and relate this theory to principles of time management.

2. Discuss the rationale for developing a plan of care when functioning in the role of planner and coordinator of patient care.

3. List four (4) basic principles of time management and give examples of each in the secondary care setting.

4. Outline a simple eight (8) hour schedule for providing care to a group of patients in the secondary care setting from 3 pm to 11 pm.

5. List general baseline assessment data to collect when making patient rounds on a general medical-surgical unit.

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Division

NS 239

COAGULATION PROCESS

FOUR PROGRESSIVE STAGES OF CLOTTING

Stage I
Phase I - Platelet Activity
Formation of platelet plug
Phase II - Thromboplastin
Factor III, an enzyme thought to be liberated by damaged cells, is formed by six different factors plus calcium.

Stage II
Prothrombin, Factor II, is converted to thrombin in the presence of calcium.

Stage III
Thrombin interacts with figrinogen (Factor I) to form fibrin which is used in clot formation.

Stage IV
Fibrinolytic system
Removal of fibrin clot through fibrinolysis. Plasminogen converted to plasmin which breaks clots into fibrin split products. FSP interfere with platelet aggregation and increase thrombin time.

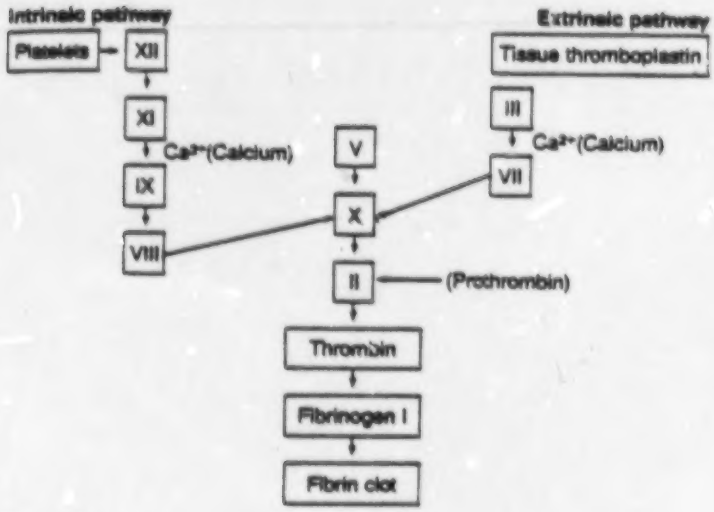
The coagulation process is activated via two possible pathways:

1. Extrinsic Pathway
   a. Stimulated by tissue trauma which occurs outside the blood vessels.
   b. Damaged tissue produce and release a substance, tissue thromboplastin, which initiates the clotting cascade to form activated Factor X (Stuart-Prower factor).
   c. Characterized by rapid onset and short duration.

2. Intrinsic Pathway
   a. Stimulated by the exposure of collagen following injury to blood vessel.
   b. Activates factor XII (Hageman factor) which through a chain reaction forms activated Factor X.
   c. Slow in onset but longer in duration.

*Regardless of the initiating event, the final common mechanism in the coagulation process is dependent on Factor X which activates the formation of a substance (prothombin activator) which causes conversion of prothombin to thrombin.

THE COAGULATION PROCESS



THE CLOTTING FACTORS

Factor I = Fibrinogen
Factor II = Prothrombin
Factor III = Tissue thromboplastin
Factor IV = Calcium ions
Factor V = Platelet phospholipids and calcium ions
Factor VII = coenzyme (stable factor)
Factor VIII = Antihemophilic globulin
Factor IX = Christmas factor
Factor X = Stuart-Prower factor
Factor XI = Plasma thromboplastin antecedent (PTA)
Factor XII = Hageman factor
Factor XIII = Fibrin stabilizing factor

4-30-85

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NS 239

COMMON HEMATOLOGIC LAB TESTS

1. Hgb. w (12 - 15.4) m (13.4 - 17.6)	Amt. of Hgb. in given vol. of blood. Expressed in gm %.
2. Hct. w (38 - 46) m (42 - 53)	Percent of blood which is made of RBCs (vol %)
3. Red Blood Cell Count w (4.2 - 5.2) m (4.7 - 6.1)	Number of RBC's in 1 mm^3 of blood (millions/mm^3)
4. Reticulocyte (25,000 - 75,000 per cu. mm. of blood)	Number of young (1 - 2 days old), nonnucleated erythrocytes in peripheral blood
5. Erythrocyte Indices MCV - mean corpuscular volume (87 ±5 cubic microns) <80 = microcytic >94 = macrocytic	Average size or volume of each individual RBC $\frac{HCT}{RBC}$
MCHC - mean corpuscular hemoglobin concentration (30 - 36 gm/100 PRBCs)	measures av. Hgb concentration within 100 ml of PRBCs. $\frac{HGB}{HCT}$
MCH - mean corpuscular Hgb. (27 - 32 picograms)	measure av. wt. of Hgb in RBC.
Platlet Count (150,000 - 350,000/cu mm)	No. of platlets in 1 mm^3 of blood
Bleeding Time Duke method <8 min Ivy method <2 - 9.5 min	measures time of interaction of the platlet with the blood vessel wall to form a plug.
Activated Partial Thromboplastin Time (APTT - 16 - 25 sec) (PTT - 30 - 45 sec)	Detect deficiencies of intrinsic system. Unique to system factors VIII, IX, XI, XII

Prothrombin Time (11 - 16 sec)	Detect deficiencies of extrinsic system. Unique to system Factors VII and III *Common to both are factors V, X, prothrombin, and fibrinogen
White blood cell count (Leukocyte) (5,000 - 10,000/cu. mm.)	Number of leukocytes in 1 mm^3 of blood.
Differential Count	The percent of the various types of WBCs seen on examination of peripheral blood
Segmented neutrophils 50 - 60 % of total WBC immature neutrophils known as "Band"	Bacterial infections, inflammatory disorders, stress, certain drugs
Lymphocytes 20 - 40%	viral infections, bacterial infections, infectious diseases
Monocytes 2 - 6 %	Severe infections, Lupus erythematous, Hemolytic anemias
Eosinophils 1 - 4 %	Allergic Disorders and parasitic infestations
Basophils 0 - 0.5 %	Blood dyscrasias and myeloproliferative diseases

4-29-85

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Division

NS 239

Unit II: Care of the Patient with Deviations of the Reproductive Subsystem

A. VOCABULARY: Independent Study

B. Anatomy and Physiology, pp 1599-1607

1. Femal genital system: Review ANATOMY using figures 63-1, 63-2, and 63-3. Review FUNCTION of each structure shown in these.
2. Male genital system: Review ANATOMY using figure 63-4. Review FUNCTION of each structure shown.
3. Pelvic ligaments and muscles: Review. (Memorization not required.)
4. ENDOCRINE FUNCTIONS:
   FEMALE HORMONES: Ovaries produce estrogen and progesterone.
   ESTROGEN: Develops secondary sex characteristics at puberty. After puberty, primary function development of endometrium in preparation for implantation of fertilized egg. Progesteron enhances action of estrogen on endometrium. Secretion of these occurs in cyclic fashion (28 day cycle) dependent on secretion of pituitary follicular stimulating hormone (FSH) + luteinizing hormone (LH). (FSH and LH secretion are controlled by hypothalamus which releases gonadatropic releasing factor.)

REVIEW FIGURE 63-6: HORMONE CONTROL OF MENSTRUAL CYCLE: First day of menstrual flow = first day of menstrual cycle. During MENSTRUAL PHASE (menstruation) endometrium breaks down and is shed. Lasts average of four days. (Occurs because of withdrawal of estrogen and progestrone.) Then PROLIFERATIVE (follicular) PHASE begins and lasts over next ten days ending with OVULATION ON 14TH DAY. Proliferative phase under control of Ant. pituitary FHS which causes maturation of graafian follicule with secretion of estrogen. Endometrium proliferates under influence of estrogen in preparation to receive and implant fertilized egg. With ovulation, proliferation phase ends and SECRETORY (luteal) phase begins - lasts from 14th day of cycle to 28th day. (*Right before ovulation, basal body temp DROPS and then INCREASES right after ovulation.) At this point (14th day) FSH production ↓es and LH production ↑es. LH causes corpus luteum to form at site of ruptured graafian follicle. Corpus luteum secretes progesterone. (Progesterone also stimulates growth of endometrium. If pregnancy occurs, corpus luteum REMAINS secretory; if pregnancy does NOT occur, corpus luteum degenerates ⟶↓progesterone secretion and on 28th day, endometrium degenerates and menstruation occurs.

*On 14th day (day of ovulation) many women have pain in lower abd. on side of ovulation. Called MITTELSCHMERZ and may be mistaken for appendicitis when on Rt side.

MALE HORMONES: At puberty, gonadotropic releasing factor from hypothalamus stimulates release of FSH and LH from pituitary. FSH acts on seminiferous tubules to initiate spermatogensis. LH stimulates interstitial cells of Leydig to secrete testosterone (1° male hormone or androgen). Testosterone controls development, growth and maintenance of male sex organs and development of male secondary sex characteristics.

C. ASSESSMENT

1. SUBJECTIVE: SEE TEXT PP 1616-1619. *Provide privacy and respect! Fear and embarrassment are major problems! Use words pt can understand. A brief sexual assessment can be incorporated into the nrsg. hx by means of 3 questions.

   a. (Deals with PERSON'S ROLE): "Has your illness (etc.) interferred with your being a husband (wife/father/mother, etc.)?"
   b. (Deals with AFFECTIVE, COGNITIONAL ELEMENTS OF SEXUALITY): "Has your (abortion/heart attack/mastectomy, etc.) changed the way you see yourself as a woman/man?"
   c. (Deals with BIOLOGIC ASPECTS of sexual function): "Has your (colostomy/hysterectomy, etc) changed your ability to function sexually?"

   *If problem is identified with above questions, EXPLORE FURTHER!

2. OBJECTIVE: FEMALE EXAM - Pelvic exam and exam of breasts. If male doctor, pt must have female "chaperone" ie female nurse PRESENT during pelvic exam. EXAMINATION of abdomen includes inspection for scars and for size and contour. Pt. asked to cough to check for muscle weakness and poss. hernia. Abd. is palpated for masses and pain. Abd. percussed over organs or masses. (Tumor ⟶ flat/dull note.) Abd. auscultated for presence of peristalsis, + for F.H.R. if pt pregnant.

   PELVIC EXAM: NURSING RESPONSIBILITIES:
   Inform pt about exam — purposes, what is done, what to expect. Support during exam and assist to relax. SHOULD NOT DOUCH OR APPLY VAGINAL PREPS FOR AT LEAST 24 HRS BEFORE EXAM. Best NOT to schedule exam during menstrual period as may obscure atypical cells. (Optimal time for pap smear is 5-6 days after END of menstruation.) Instruct to void immed. before exam. Provide good lighting. Pos. pt. in dorsal recumbent (lithotomy) pos. (Buttocks even with end of table.)

EXTERNAL EXAM: Inspected for gross deviations, discharge, lesions, etc. Any purulent discharge cultured. Skenes and Bartholins glands palpated and inxpected (common site for infection - esp. gonorrhea). Vag. opening and perineum checked for loss muscle tone by asking pt to bear down. (CYSTOCELE → Ant. vag. wall bulges into vag. RECTOCELE → Post. vag. wall bulges into vag. UTERINE PROLAPSE - prolapse of uteruse into vag. canal.) INTERNAL EXAM done with speculum which is lubricated with warm H2O. PAP SMEAR TO CHECK FOR CERVICAL CANCER (PAPANICOLOU TEST): Two slides are made — one with smear from VAG. secretions and another with cells scraped from CERVIX. These are labeled with pt's name, date and source (vaginal or cervical sample), placed in fixative solution, and sent for cytologic exam.

CLASSIFICATION: (LEARN!)
Class 1 = Absence of atypical cells
Class 2 = Atypical cytology but no evidence of malignancy
Class 3 = Cytology suggestive of but not conclusive for malignancy
Class 4 = Cytology strongly suggestive of malignancy
Class 5 = Cytology conclusive for malignancy

After pap test may have slight cervical bleeding but FRANK BLEEDING NOT NL.
PALPATION of internal organs next with gloves and lubricant.
BIMANUAL PALPATION done. (Ovaries can be palpated for masses.)
RECTO-VAGINAL EXAM done to check for uterine pos., rectal sphincter tone, hemorrhoids, fistulas, masses, etc. After pelvic exam, assist pt. to clean up and get down from table.

MALE EXAM: Includes inspection and palpation of lower abd., palpation of external genitalia and palpation of prostate gland by rectal exam. Inguinal area checked for hernias (pt. holds breath and bears down.). Penis inspected - glans and urethral meatus checked for masses, infection, etc. Foreskin retracted to check for phimosis.
SCTOTUM - color, size, symmetry, and gen. appearance assessed.
TESTES shape, size, and consistency assessed. If scrotal mass found, TRANSILLUMINATION done: serus fluid glows red; blood and tissue will NOT glow.
PROSTATE GLAND - palpated via rectal exam with pt STANDING. Local hard nodule → suspect prostatic Ca.
*All men over 50 years should have yearly rectal exam to assess for prostatic Ca.

D. DIAGNOSTIC TESTS

1. Serologic tests for syphilis (STS). VDRL (Venereal Disease Research Laboratory) is most common STS. VDRL used for Rt premartial and prenatal screening. (Can get FALSE POS. STS with hypersensitivity reaction, bacterial or viral infections etc. Also, once positive for syphilis, treated and noninfective, may still have POSITIVE STS.)
2. VAGINAL AND CERVICAL SPECIMENS Cultures done to identify infections. Pap smear done to detect precancerous condit. and Ca of cervix.
3. SCHILLER'S TEST - 3.5% I or Lugol's sol. applied to Cx. Atypical cell areas will NOT stain. This shows where to do biopsy.
4. CERVICAL BIOPSY - Can do on outpt basis. Do 1 week after menstrual period. Biopsy done. Bleeding minimal. (Can cauterize area afterwards or use AgNo3. POST-OP CARE: Rest 24 hrs; avoid lifting and heavy exertion; leave tampon/packing in place 8-24 hrs; Rpt. excessive bleeding; no douche or sex til next VS to Dr.
5. CONIZATION OF CX: Can be done in pt or outpt, under local or general. Cone shaped portion Cx removed. Bleeding greater than with biopsy. Same nrsg care as above. Next 2-3 menstrual periods will be HEAVY or PROLONGED.
6. PREGNANCY TESTS: Based on presence of human chorionic gonadotropin (HCG) in serum of pregnant woman. Variety of blood and urine tests developed to test for pregnancy — radioreceptor assay test one of most rapid and reliable.
7. INFERTILITY STUDIES: Include semen analysis, postcoital test, Rubin test and hysterosalpingogram.
8. PROSTATIC SMEARS AND BIOPSY SPECIMENS - done when prostate gland enlarged or when suspect prostatic lesion.
9. TESTICULAR SMEARS AND BIOPSY SPECIMENS - Done by needle method or incision made through scrotum.
10. ENZYME VALUES - Assessed to dx Ca of prostate gland. *A RISE IN PHOSPHATASE VALUE IS INDICATIVE OF Ca OF PROSTATE.
11. DILATION AND CURETLAGE (D&C) - widening of cx canal with dilator and scraping of endometrium of uterus. PURPOSES: to obtain tissue for cytologic exam, to control abnl uterine bleeding and as therapeutic measure for incomplete abortion. PREOP CARE - Rt, including explanation of surgery, psychological and physical prepation. May or may not need perineal shave. Have vd before surgery. Small enema may be given. AFTER PROCEDURE, cx and vagina are packed and sterile peri-pad put in place. Check q 15 min for 1st 2 hrs for *EXCESSIVE BLEEDING. Record every pad chg and amt blood loss. Report excessive bleeding! Mild analgesics usually given for mild cramping postop. Report any continuous, sharp abd. pain not relieved by analgesics—— *UTERUS MAY BE PERFORATED. Assess for voiding. Instruct postop to: avoid vigorous exercise, abstain from intercourse til return Dr. VS, report recurrence of bright red blood or devel. of vag. discharge with foul odor.

12. ULTRASONOGRAPHY - to locate masses, IUD's etc.
13. ENDOSCOPY - Direct visualization of tissues by colposcopy, culdoscopy, laparoscopy, and hysteroscopy.
14. ENDOCRINE STUDIES may be done to assess cause of menstrual problems or infertility. (ex 24 hr urine for estriol, estrogen levels, etc.) To check for male hormone problems, 17 ketosteroids, pituitary gonadotropins and corticosteroids may be measured via 24 hr urine.

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